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TYPE \$0 \$0 \$700 10/10/2006 YES \$700 nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS 1724 261-076000 SAVAGE, MATTHEW O Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list CHARLES M. KAPLAN (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. 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